

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent # <u>001526729</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
		Filing			\$							
		Amendment			\$							
		Extension of Time			\$							
		Notice of Appeal/Appeal			\$							
		Petition			\$							
		Issue			\$							
		Cert of Correction/Terminal Disc.			\$							
		Maintenance			\$							
		Assignment			\$							
Other				\$								
		7 TOTAL AMOUNT OF REFUND		\$								
		8 TO BE REFUNDED BY:										
		Treasury Check										
10 REASON:		Credit Deposit A/C #:										
Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Duplicate Payment												
No Fee Due (Explanation):												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: _____		TITLE: _____										
SIGNATURE: _____		<small>Repln. Ref: 07/22/2005 PKIDWELL 0019011800</small> <small>DATE: 08/27/05</small> <small>Home/Number: 10526729</small> <small>FC: 3204</small> <small>\$500.00 CK</small>										
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room S02B